

SAN BERNARDINO COUNTY ENVIRONMENTAL HEALTH SERVICES
MOBILEHOME INSTALLATION AND ACCESSORY STRUCTURES PERMIT

To be filled in by Applicant - PLEASE PRINT OR TYPE

Park Name		Phone No.		Permit No.																												
Job Site Address		City	Zip	Location Code																												
Registered Owner's Name(s)		City		Date																												
Mailing Address		Space No.	Park ID No.	Type 2																												
		APN No.		Index No.																												
<input type="checkbox"/> New <input type="checkbox"/> Reinstall <input type="checkbox"/> Retrofit <input type="checkbox"/> Other Type of MH Tiedowns: <input type="checkbox"/> Augers <input type="checkbox"/> Crossdrives <input type="checkbox"/> Pier System <input type="checkbox"/> Other Description of Work:				No. of Electrical Outlets in Accessory(ies)																												
Lot Dimensions	Lot Coverage (0.75 max.)	No. of Existing Accessories	Type of Existing Accessories	No. of Plumbing Fixtures in Accessory(ies)																												
Contractor DBA		Contact																														
Contractor's Mailing Address		City	Zip	Phone No.																												
PARK OWNER/MANAGER CERTIFICATION I, the undersigned, as owner or operator/manager of this park, hereby certify that all lot lines as shown on space no. _____ of plot plan are true and accurate. I also certify that the lot line corners are clearly and permanently marked. Approved: _____ Date _____ Mobilehome Park Owner/Operator/Manager (Signature Required)				SCHOOL FEES PAYABLE TO:																												
				School Fees@Rate \$ _____ @ _____ Total: _____ Paid By _____																												
<input type="checkbox"/> Owner/Builder WORKERS' COMPENSATION INSURANCE CERTIFICATION <input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person so as to become subject to the Workers' Compensation laws of California. <input type="checkbox"/> CSLB exemption attached/on file. Workers' Compensation Policy No. _____ Expiration Date _____ I have read this application and agree to comply with all laws regulating construction. Contractor's Signature _____ Date _____ License Class _____ License No. _____ Expiration Date _____				Sewer Letter <input type="checkbox"/> _____																												
				PAYABLE: S. B. COUNTY DEHS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Admin. Fee</td> <td>\$</td> <td></td> </tr> <tr> <td>Const. Fee</td> <td></td> <td></td> </tr> <tr> <td>Double Fee (Penalty)</td> <td></td> <td></td> </tr> <tr> <td>Elect. Fee</td> <td></td> <td></td> </tr> <tr> <td>Plumb. Fee</td> <td></td> <td></td> </tr> <tr> <td>Permit Issuance</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>\$</td> <td></td> </tr> </table>	Admin. Fee	\$		Const. Fee			Double Fee (Penalty)			Elect. Fee			Plumb. Fee			Permit Issuance			TOTAL	\$								
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INSTALLER'S ETS TIEDOWN SYSTEM CERTIFICATION (SB 750) I certify under penalty of perjury, and in accordance with the provisions of the California Code of Regulations, Title 25, Division 1, Section 1326 (b) (3) effective 5-12-95 (MP95-10), that the mobilehome tiedown system was not modified prior to the installation and was installed in accordance with the terms of the listing or in accordance with plans and specifications of an engineered tiedown system. Installer's Signature _____ Title _____ Date _____ <i>(Signature Required for Final Inspection)</i>																																
DEPARTMENT USE ONLY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ETS CERTIFICATION <input type="checkbox"/> ERBS <input type="checkbox"/> PERMANENT FOUNDATION HCD Bulletin _____ Manufacturer _____ Model/Number _____ SPA/Listing _____ Expiration _____ </div> <div> CALL FOR INSPECTION WITHIN 180 DAYS OR PERMIT WILL EXPIRE (909) 387-3047 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Sq. Ft.</th> <th>SPA No.</th> <th>Adjusted Area</th> </tr> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr> <td colspan="4">Total Adjusted Area</td> </tr> </table> </div> </div>					Sq. Ft.	SPA No.	Adjusted Area	1				2				3				4				5				Total Adjusted Area				<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ PAID BY _____ DATE _____ AMOUNT _____ RECEIPT NO. _____ BY: _____
	Sq. Ft.	SPA No.	Adjusted Area																													
1																																
2																																
3																																
4																																
5																																
Total Adjusted Area																																
Note _____ _____ _____																																

County of San Bernardino
ENVIRONMENTAL HEALTH SERVICES
MOBILEHOME INSTALLATION PLAN INSIDE MOBILEHOME PARK

MOBILEHOME SPACE INFORMATION:

Mobilehome Lot Electrical Service: _____ Amps _____ Volts Permit No. _____ Type Construction _____

Gas: ☐ Natural ☐ L.P.G. ALL UTILITY CONNECTIONS MUST BE APPROVED FOR MOBILEHOMES.

MOBILEHOME INFORMATION: RENTAL MOBILEHOMES REQUIRE CALIFORNIA INSIGNIA OR HUD LABEL.

Manufacturer _____ Model _____ Year _____ Size _____ ft. x _____ ft. x _____ ft.

Roof Live Load _____ p.s.f. DOH/HUD No.(s) _____ Serial No.(s) _____

Electrical Rating _____ Amps: _____ Volts Water Connection Size _____ inches

Gas Connection Size _____ inches Drain Connection Size _____ inches

1973 or newer mobilehomes must be installed according to the approved installation manual provided by the manufacturer. The manual must be on the job site. Unless test data is submitted, use 1000 p.s.f. as the assumed soil-bearing capacity for determining footing sizes. Pre-1973 mobilehome pier placement is 60" o.c. for 8'- and 10'-wide, 56" o.c. for 12'-wide and 49" o.c. for 14"-wide units at 2500 p.s.f. for each pier location.

PIERS:

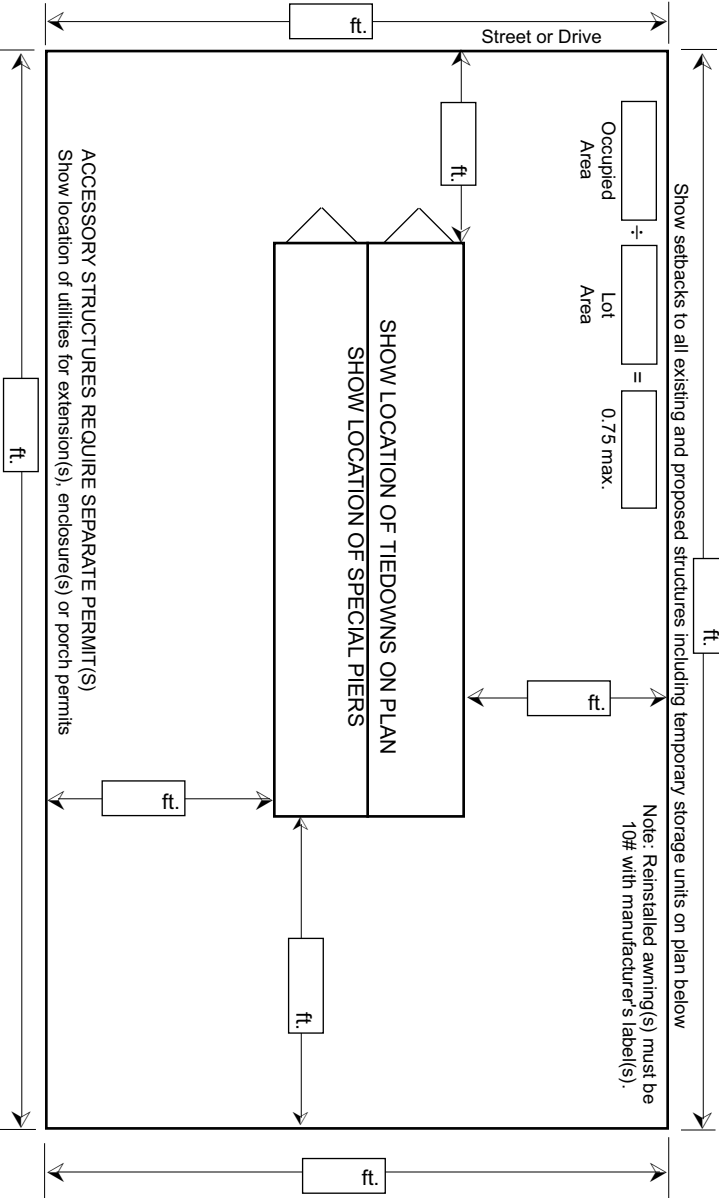
Type: ☐ Concrete ☐ Steel ☐ Wood ☐ Spacing: _____ ft. _____ in./o.c. Loading: _____ lbs. each

Special Column Piers: Indicate spacing and loading on the drawing below. Provide one copy of the installation plans or manual for review at job site inspection.

FOOTINGS: ☐ Concrete ☐ Plastic ☐ Treated Wood Footing Size: _____ Thick _____ ins. x _____ Wide _____ ins. x _____ Long _____ ins.

ACCESSORY STRUCTURES: (Show the location by dimension on plan below with setbacks to lot lines.)

Awning: _____ ft. x _____ ft. Carport: _____ ft. x _____ ft. Porch: _____ ft. x _____ ft. Enclosure: _____ ft. x _____ ft.



JOB CARD INSPECTION RECORD

INSPECTION/ACTION	DATE	INSPECTOR
Setbacks		
Electrical Ground		
Electrical Service and Ground		
Rough Electrical		
Rough Plumbing		
Gas Line Air Test		
Final ETS		
Final Connection		
Certificate of Acceptance		
Foundation Reinforcing Steel		
Excavation and Forms		
Slab Grade		
Ground Plumbing		
Under-Slab Conduit		
Joints and Girders		
Final Bond Bead		
Roof Sheathing		
Framing and Ventilation		
Roof Covering		
Rough Heating		
Stucco Mesh or Exterior Siding		
Insulation		
Lath or Drywall Nailing		
Water Service		
Guardrails/Handrails		
Stairway/ Porch Risers		
Final 18551 Foundation		
Final ERBS		
Final Electrical		
Final Plumbing		
Final Heating/Air Conditioning		
School Fees		
Certificate of Occupancy (18551)		
Final Construction		

Comments _____

PARK MANAGER'S SIGNATURE/PLAN APPROVED _____

Date _____